

[illegible]

(Assistant Examiner) (Date)

G. Stanley 9-20-8

(Legal Instruments Examiner) (Date)

| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | | | | | | | | <input type="checkbox"/> CPA | | <input type="checkbox"/> T.D. | | <input type="checkbox"/> R.1.47 | | |
|---|----------|--|-------|----------|--|-------|----------|--|-------|------------------------------|--|-------------------------------|----------|---------------------------------|-------|----------|
| Final | Original | | Final | Original | | Final | Original | | Final | Original | | Final | Original | | Final | Original |
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